

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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AUG 0 1 2017

PLEASE PRINT

NEW HAMPSHIRE
DEPARTMENT OF STATE

I. Name of Lobbyist	t(s) Susan H. Paschell ; James P. Monahan	
II. Name of lobbyist	t's partnership, firm or corporation, if any:	
The Dupont Group		
(Name of partnership, firm	n or corporation)	
	te 401 Concord, NH 03301) (Town/City) (State) (Zip Code)	
(603)228-3322		e-mail <u>jmonahan@dupontgroup.com</u>
(Telephone)	(Fax)	
	covers: (Choose one – file separate reports for eaus which are not attributable to any one client).	ch client, OR you may file a separate report for reportable
All reportable t	transactions occurring in the month prior to the repo	rting date relative to the following client:
Harvard Pilgrim He	ealth Care	
<u>OR</u>	(Full Name of Client as it appears on the	Lobbyist Registration Form)
All reportable tra to any particular clien		amily), or the lobbying firm listed below which are unrelated
IV. Date of Report	April 26, 2017 X	July 26, 2017 □
Reports cover	activity from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17
	October 25, 2017 activity from 7/1/17 to 9/30/17	January 31, 2018
	no fees received and no reportable transactions in a complete just this form and submit it to the Secreta	made since the last report. Try of State's Office, State House, Room 204, Concord, NH
	onal reports are attached: ved fees or made expenditures, you must file Adden	dum A- Fees and Expenses
If you have paid a Reimbursement	an honorarium or reimbursed expenses, you must fil	e Addendum B- Report of Honorariums or Expense
☐ If you, your firm,	, or your family has made political contributions, yo	u must file Addendum C-Political Contributions.
I have read RSA 15, best of my knowledg	ge and belief.	that the foregoing information is true and complete to the
parawith.	faschell	
(Signature of lobbyist)		4/26/2017 (Date)
Susan H. Paschell		

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

NEW HAMPSHIRE DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:			
Name of Lobbying partnership, firm, or corporation: The Dupont Group			
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular			
client): Harvard Pilgrim Health Care			
Date of Report (check one):			
April 26, 2017 X July 26, 2017 October 25, 2017 January 31, 2018			
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):			
<u>D</u> Addendum A(s).			
0 Addendum B(s).			
<u>O</u> Addendum C(s).			
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.			
The The			
(Signature of lobbyist) 4/26/2017 (Date)			
James P. Monahan (Print Name of lobbyist)			